Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/12/13	Address:	1401 S 9 th St	
Incident #:	13ISPC012089		Terre Haute, IN 47807	
County :	Vigo			
Type of Lab	oratory Seizure (check one)	Seizure Location (zure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): bedroom	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents: <u>bedroom</u>				
☐ Water Reactive Metal (Lithium): _				
Anhydrous Ammonia:				
Corrosive Acid: bedroom				
Other (item and location):				
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ∑ No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring: m	tions of home: clean disarray ngth of time manufacturing had beer onths nformation:	
This report l	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:	
Health Depar	nent City, Township or County <u>TH Fire</u> truent County: <u>Vigo</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812-2	Fax: 812-232-3202 Fax: 812-232-3202 ts@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetar Officer: Shilo Raulston Phon	nine laboratory, cont e <u>765-653-4114</u>	act	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.